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APPLICATION NO.	FILING DATE		FIRST NAMED INV	ENTOR C	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/776,244	02/02/2001	Andrew Conway			208.1901.02	8154
TITLE OF INVENTION: A	UTONOMOUS DATA MIN	IING			208.100+.02 Ag: lants Ref.: 10050843-3	
					10050843-	2
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APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$0	\$1400	05/25/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS		
STARKS, V	STARKS, WILBERT L			706-012000	_	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).						
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys • 1 or agents OR, alternatively,			
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
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PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be a 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appear o T a substitute for fi	n the patent. If an assigning an assignment.	nee is identified below, the d	ocument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Agilent Techn	ologies, Inc.	Pa	alo Alto,	CA		
Please check the appropriate	e assignee category or catego	ries (will not be pr	inted on the patent)	: 🗖 Individual 💥 C	Corporation or other private gro	oup entity Government
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lssue Fee A check in the amount of the fee(s) is enclosed.						
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	(from status indicated above	,				
a. Applicant claims S	MALL ENTITY status. See	37 CFR 1.27.	b. Applicant is	no longer claiming SMA	LL ENTITY status. See 37 Cl	FR 1.27(g)(2).
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Authorized Signature	0 J. T.	24 (7.1		D-1-	5/73/05	
Authorized Signature	Timothy H. Joy	le Tac		Date	38,197	
Typed or printed name		}		Registration	1 No	
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